

School: _____

Student: _____

Please Print



MONROE COUNTY INTERMEDIATE SCHOOL DISTRICT
1101 S. Raisinville Road
Monroe, Michigan 48161
734-242-5799 x 1200/1210
www.misd.k12.mi.us

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I have read the foregoing and fully and completely understand the contents.

DO NOT TEAR OFF BOTTOM PORTION

Date: _____

Printed Name of Student: _____

Signature of Student: _____

Printed Name of Parent: _____

Signature of Parent/Guardian: _____

MCISD EVENT NAME: **2016 Monroe County Quiz Bowl**

EVENT DATE: **High School – December 2016**
Middle School – December 2016